MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS PROTOCOL

mplant Removal	Protocol #:	PA P137.01
MLTCP ⊠ HEALTHSELECT ⊠	Protocol Pages: Attachments: Initial Effective Date: Latest Review Date:	1 Yes ☐ No ☑ June 1999 May 2002
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PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Breast Implant Removal.

PROTOCOL:

- A. Breast Implant Removal CPT# 19328
- B. The prior-authorization specialist may approve if **all** the following are met:
 - 1. Removal of the breast implant is medically necessary, even if the implant was done for cosmetic reasons. Medically necessary conditions include rupture, documented leaking, local findings of inflammation or swelling related or complicated by the implant and
 - 2. Removal of breast implant for cosmetic reasons or personal preference not validated by medical necessity is not a covered benefit.
- C. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- D. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.
- E. If requirements are not met, Medical Director review is required.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.